

MULTIPLE DEPENDENT
FEE CALCULATION FORM
(FOR USE WITH FORM P-15)

APPLICANT(S) 64077

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

1
63
67

BEST AVAILABLE COPY